

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 04/28/2016
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15C0001019	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED R 04/14/2016
NAME OF PROVIDER OR SUPPLIER INDIANA HAND TO SHOULDER BELTWAY SURGERY CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 8501 HARCOURT RD INDIANAPOLIS, IN 46260		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
{Q 000}	<p>INITIAL COMMENTS</p> <p>This visit was a follow-up to a re-certification survey completed on 02/10/16.</p> <p>Facility Number: 005400</p> <p>Survey Date: 04-14-2016</p> <p>Three previous deficiencies were found corrected, Q0100, Q0101 and Q0104.</p> <p>Indiana Hand to Shoulder Beltway Surgery Center is in compliance with 42 CFR 416.44, Environment, 42 CFR 416.44(a)(1), Physical Environment and 42 CFR 416.44(b), Safety from Fire, Medicare Conditions of Participation.</p> <p>QA: cjl 04/15/16</p>	{Q 000}			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

04/14/2016

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.